

PEACH BOWL LITTLE LEAGUE

Child's Last Name	First Name	M F Gender	Birth date	Ht.	Wt.
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Street Address	City	Zip	Telephone Number
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School	Grade	Email Address
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Father's Name	Address	Business Phone	Cel Phone
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Mother's Name	Address	Business Phone	Cel Phone
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List any medical problem or prohibition the player has _____

Person to notify in case of an emergency _____ Phone _____

Doctor _____ Phone _____ Hospitalization Plan _____ Policy # _____

Dentist _____ Phone _____ Dental Plan _____ Policy # _____

AGE	LEAGUE / DIVISION	Peach Bowl Experience	Y _____	N _____			
5-6	Tee League	Girls _____	Boys _____		BASEBALL 9-10 Minor _____	SOFTBALL 9-10 Minor _____	UNIFORM SIZE Youth _____
7-8	Farm League	Girls _____	Boys _____		11-12 Majors _____	11-12 Major _____	Small _____
					13-14 Juniors _____	13-14 Juniors _____	Medium _____
					15-16 Seniors _____	15-16 Seniors _____	Large _____
							X-Large _____
							XX-Large _____

Little League is an organization administered by volunteers. All parents will be required to volunteer some time in support of the organization. Please indicate the area (s) that you have experience with or any interest in:

Manager _____ Coach _____ Umpire _____ Scorekeeper _____ Team Parent _____

Field Maintenance _____ If interested in becoming a Peach Bowl Board Member initial here _____

SPONSORS and/or DONATIONS are essential to helping our league. If you would like to or know of someone who may, please fill out the following:

Business Name _____ Contact Person _____
 Address _____ Phone Number _____

Please visit our website at www.pbl.com for more information on sponsors and other league information.

I/We the parent(s) of the above candidate, do hereby give my/our approval to participate in any and all Little League activities. I/We assume all risks and hazards incidental to such participation to and from the activities, and I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the local Little League Baseball, Inc., the organizers, sponsors, supervisors, participants, and persons transporting my/our child. I/We agree to provide a certified birth certificate of the above candidate to League Officials upon request.

All statements made herein, to include oral statements made to PBL registration personnel concerning the residency of the player named herein, are true and correct to the best of my knowledge.

Signature of Parent or Guardian: _____ Date: _____

LEAGUE USE ONLY

Registration Fee _____	Cash _____	Check# _____	Parent ID: Drivers Lic# _____	Voter Registration Card _____
Other: _____	League Age: _____		Utility Bill _____	Ins. Stmt _____
Total: _____	Birth Certificate _____		Other _____	Mtg. Stmt _____
				TaxForm: _____
				Grandfather _____
				BC _____
				Age _____